

CEA



CAREER EXECUTIVE ASSIGNMENT

CALIFORNIA STATE PERSONNEL BOARD

REPORT OF APPOINTMENT TO A C.E.A. POSITION

200-1080 (11/08)

DEPARTMENT		DATE
C.E.A. LEVEL	POSITION TITLE	
PERSON APPOINTED NAME		EFFECTIVE DATE OF APPOINTMENT

TYPE OF APPOINTMENT

☐ LIST APPOINTMENT ☐ TRANSFER ☐ REINSTATEMENT

ELIGIBILITY FOR APPOINTMENT

- ☐ THE CANDIDATE HAS PERMANENT CIVIL SERVICE STATUS
☐ THE CANDIDATE PREVIOUSLY HAD PERMANENT CIVIL SERVICE STATUS
☐ THE CANDIDATE WAS EMPLOYED BY THE LEGISLATURE FOR 2 OR MORE CONSECUTIVE YEARS
☐ THE CANDIDATE HELD A NONELECTED EXEMPT POSITION(S) IN THE EXECUTIVE BRANCH FOR 2 OR MORE YEARS
☐ THE CANDIDATE WAS RETIRED FROM THE UNITED STATES MILITARY, HONORABLY DISCHARGED FROM ACTIVE MILITARY DUTY WITH A SERVICE-CONNECTED DISABILITY, OR HONORABLY DISCHARGED FROM ACTIVE DUTY

IS A COPY OF THE C.E.A. POSITION DESCRIPTION ATTACHED

☐ YES ☐ NO IF NO, SUBMIT OR REFERENCE (E.G., REFILL OF A C.E.A. POSITION DESCRIPTION ALREADY ON FILE) THE EQUIVALENT INFORMATION AS AN ATTACHMENT TO THIS REPORT

RECORD OF C.E.A. COMPETITIVE EXAMINATION – ATTACH A COPY OF THE ANNOUNCEMENT

DATE ANNOUNCEMENT ACTUALLY RELEASED	DATE EXAMINATION PLACED ON SPB's CEA ONLINE EXAM BULLETIN SYSTEM
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SCOPE OF DISTRIBUTION

- ☐ SERVICEWIDE ☐ MULTIDEPARTMENTAL ☐ DEPARTMENTAL
- ☐ SELECTIVE TO SPECIFIC LIKELY QUALIFIED PERSONS AND/OR ORGANIZATIONAL UNITS EMPLOYING SUCH PERSONS

NUMBER OF APPLICATIONS RECEIVED (ATTACH LIST OF APPLICANTS BY NAME, CLASS TITLE OR C.E.A. POSITION TITLE, CURRENT DEPARTMENT, AND FOR EACH, NOTE WHETHER OR NOT THEY WERE INTERVIEWED)

REPORT OF APPOINTMENT TO C.E.A. POSITION
200-1080 (11/08) REVERSE

HOW WERE THE COMPETITORS EVALUATED

- ☐ APPLICATION/RESUME EVALUATION ONLY (PLEASE FILL IN A BELOW)
- ☐ APPLICANTS SCREENED TO AN INTERVIEW (PLEASE FILL IN A AND B BELOW)
- ☐ DIRECT INVITATION OF ALL APPLICANTS TO AN INTERVIEW (PLEASE FILL IN B BELOW)
- ☐ OTHER/ADDITIONAL EVALUATION USED (E.G., PERFORMANCE APPRAISAL, MANAGEMENT PROBLEM, REFERENCE CHECKS, ETC.)

BRIEFLY DESCRIBE AND GIVE DATE(S)

A. PLEASE LIST NAME AND TITLE OF EACH PERSON ON THE EVALUATION/SCREENING PANEL, IF ONE WAS USED:

ON WHAT DATE(S) DID EVALUATION/SCREENING TAKE PLACE? _____

B. PLEASE LIST NAME AND TITLE OF EACH PERSON ON THE INTERVIEW PANEL, IF ONE WAS USED:

ON WHAT DATE(S) DID INTERVIEW TAKE PLACE? _____

CERTIFICATION OF APPOINTING POWER

I HEREBY CERTIFY THAT THE PERSON(S) APPOINTED AS REPORTED HEREIN HAS:

- A. MET THE MINIMUM QUALIFICATIONS
- B. THE QUALIFICATIONS REQUISITE TO THE PERFORMANCE OF HIGH ADMINISTRATIVE AND POLICY-INFLUENCING FUNCTIONS AS DESCRIBED FOR THIS POSITION(S) AND AS REQUIRED FOR THE C.E.A. CATEGORY OF EMPLOYMENT
- C. HAS BEEN EXAMINED COMPETITIVELY AS INDICATED ABOVE

SIGNATURE

TITLE

California State Personnel Board

Summary of Ethnic, Sex, and Disabled Composition
of Competitors Applying for C.E.A. Examination

Department		Date
C.E.A. Level	Position Title	
Final Filing Date	Scope of Distribution <input type="checkbox"/> Servicewide <input type="checkbox"/> Multidepartmental <input type="checkbox"/> Departmental <input type="checkbox"/> Other (Specify)	

Total Number of Applications Received: _____

	Female		Male		TOTAL
	Number	Percent	Number	Percent	
White					
Black					
Hispanic					
Asian					
American Indian					
Filipino					
Pacific Islander					
Other					
Unspecify					
Disabled**					
Total Female					

Certification of Appointing Power

Signature	Title
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**Disability includes hearing, sight, speech, physical (Orthopedic/amputations), and developmental.

Submitting this form and attachments to SPB:

Packages should be mailed to SPB, 801 Capitol Mall, CEA Unit, Sacramento, CA 95814